

Zfw

Docket No. 1232-5269

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Toshihiko TSUJI

Group Art Unit: 2878

Serial No.: 10/769,373

Confirmation No. 7890

Examiner: TBA

Filed: January 30, 2004

For: ILLUMINATION OPTICAL SYSTEM AND EXPOSURE APPARATUS

CERTIFICATE OF MAILING (37 C.F.R. §1.8(a))

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:

I hereby certify that the attached:

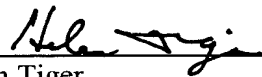
1. Request for Corrected Recordation of Assignment with attachments
2. Return Postcard Receipt

along with any paper(s) referred to as being attached or enclosed and this Certificate of Mailing are being deposited with the United States Postal Service on date shown below with sufficient postage as first-class mail in an envelope addressed to the: Office of Initial Patent Examination's Filing Receipt Corrections, U.S. Patent & Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450.

Respectfully submitted,
MORGAN & FINNEGAN, L.L.P.

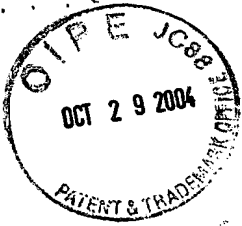
Dated: October ²⁶, 2004

By:


Helen Tiger

Correspondence Address:

MORGAN & FINNEGAN, L.L.P.
3 World Financial Center
New York, NY 10281-2101
(212) 415-8700 Telephone
(212) 415-8701 Facsimile



EV 356647394 US

Customer Copy
Label 11-E June 2002



UNITED STATES POSTAL SERVICE® Post Office To Addressee

ORIGIN (POSTAL USE ONLY)

PO Zip Code 10017	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/> Postage
Date in Mo. Day Year 10 20 2004	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Return Receipt Fee \$ 36
Time in <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	COD Fee
Weight lbs. ozs. 36	Int'l Alpha Country Code	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$ 36

CUSTOMER USE ONLY

METHOD OF PAYMENT:
Express Mail Corporate Acct. No.

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

WAIVER OF SIGNATURE (Form 3800) Additional merchandise insurance is void if
waiver of signature is used for items of value over \$500. This form is void if
used for items of value over \$500. This form is void if used for items of value
over \$500. This form is void if used for items of value over \$500. This form is
void if used for items of value over \$500. This form is void if used for items
of value over \$500. This form is void if used for items of value over \$500.
NO DELIVERY ☐ Weekend ☐ Holiday

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE ()

MORGAN & FINNEGAN LLP
345 PARK AVE FL 22
NEW YORK
USA

TO: (PLEASE PRINT)

PHONE ()

MAIL STOP PATENT APPLICATION
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

JOSPEH A. CALVARUSO, ESQ.
1732-3069

PRESS HARD.
You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

